

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>12/23/04</u>		2 Serial/Patent # <u>09 892,612</u>								
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/> Filing			\$							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/> Petition	—	10/18/04	\$ 130.00							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other	—	10/18/04	\$ 1370.00							
		7 TOTAL AMOUNT OF REFUND		\$ 130.00						
		8 TO BE REFUNDED BY: <u>130.00</u>								
10 REASON:		<input checked="" type="checkbox"/> Treasury Check Credit Deposit A/C #: 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">00</td> </tr> </table>			5	0	--	0	3	00
5	0	--	0	3	00					
<input checked="" type="checkbox"/> Overpayment										
<input type="checkbox"/> Duplicate Payment										
<input type="checkbox"/> No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Kenya McLaughlin</u>		TITLE: <u>Petitions Acty.</u>								
SIGNATURE: <u>Kenya McLaughlin</u>		PHONE: <u>571-272-3222</u>								
OFFICE: <u>Petitions</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY. *****										
APPROVED: <u>[Signature]</u>		DATE: <u>12/25/04</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: